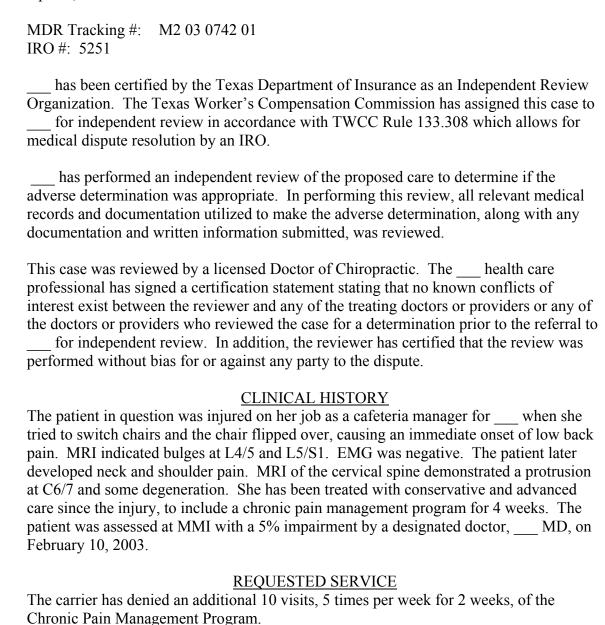
April 1, 2003



DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Initial approval of the CPMP was for 20 days and it was not documented as being of enough success to suggest that 2 more weeks would be reasonable. I do not feel that this treatment is likely to help this patient improve her pain level nor of helping her return to her work. The requested service does not meet even minimal requirements of medical necessity.

has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review has made no determinations regarding benefits available under the injured employee's policy.
As an officer of Inc, dba, I certify that there is no known conflict between the reviewer, and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.
is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.
Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of April 2002.